

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007770

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 243Primary Registration District No. 4363Registrar's No. 3

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY New Madridb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN MorehouseLength of stay in 1b  
lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION family homeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. Missouri b. COUNTY New Madridc. CITY  
OR  
TOWN MorehouseInside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Paul David Saville4. DATE  
OF  
DEATH

Month

Day

Year

February 23, 1963

## 5. SEX

male

## 6. COLOR OR RACE

cauc.7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/2/1952

## 9. AGE (last birthday)

10

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
child

10b. KIND OF BUSINESS OR INDUSTRY

- -

11. BIRTHPLACE (City and state or country)

Dexter, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S.

## 13a. FATHER'S NAME

Paul Saville

## 13b. MOTHER'S MAIDEN NAME

Shirley Brooksher

## 14. NAME OF HUSBAND OR WIFE

- -15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Beulah Ferguson, Morehouse, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Burned to death in family homeINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_

and last saw her  
him alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_

3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)burial

## 23b. DATE

2/25/63

## 23c. NAME OF CEMETERY OR CREMATORY

Hagy Cemetery

## 23d. LOCATION (City, town, or county)

Dexter, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Watkins & Sons Morehouse, Mo

## 25. DATE RECD. BY LOCAL REG.

2-27-63

## 26. REGISTRAR'S SIGNATURE

Hathyn L. McBainUSE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MAR 5 1963

*Permit to Embalmer*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Earl M. Walker*

Licensed Embalmer No. 4964

P. O. Address *Defton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.